



## Complete Summary

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### TITLE

Mental health: the percentage of patients on the mental health register who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate.

### SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients on the mental health register who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate.

### RATIONALE

There are relatively few indicators of the quality of mental health care in relation to the importance of these conditions. This reflects the complexity of mental health problems, and the complex mix of physical, psychological and social issues that present to general practitioners. The indicators included in the Quality and Outcomes Framework (QOF) can therefore only be regarded as providing a partial view on the quality of mental health care.

For many patients with mental health problems, the most important indicators relate to the inter-personal skills of the doctor, the time given in consultations and the opportunity to discuss a range of management options. Within the 'patient experience' section of the quality framework (see the original measure documentation), there exists the opportunity to focus patient surveys on particular groups of patients. This would be one way in which a practice could look in more detail at the quality of care experienced by people with mental health problems.

Mental health problems are also included in some of the organisational indicators (see the original measure documentation). These include the need for a system to identify and follow up patients who do not attend where the practice has taken on a responsibility for administering regular neuroleptic injections, significant event audits which focus specifically on mental health problems, and methods of addressing the needs of carers.

This measure is one of six [Mental Health](#) measures. The Mental Health indicator set now focuses on patients with serious mental illness and there are also indicator sets that focus on people with depression and dementia (see the original measure documentation for details).

This indicator reflects good professional practice and is supported by National Clinical Guidelines (National Institute for Clinical Excellence [NICE] Schizophrenia guideline). Patients on the mental health register should have a documented primary care consultation that acknowledges, especially in the event of a relapse, a plan for care. This consultation may include the views of their relatives or carers where appropriate.

Up to one half of people who have a serious mental illness are seen only in a primary care setting. For these patients, it is important that the primary care team takes responsibility for discussing and documenting a care plan in their primary care record.

When constructing the primary care record research supports the inclusion of the following information:

- i. Patient's current health status and social care needs including how needs are to be met, by whom, and the patient's expectations
- ii. How socially supported the individual is: e.g., friendships/family contacts/voluntary sector organisation involvement
- iii. Co-ordination arrangements with secondary care and/or mental health services and a summary of what services are actually being received
- iv. Occupational status
- v. Early warning signs
- vi. The patient's preferred course of action (discussed when well) in the event of a clinical relapse, including who to contact and wishes around medication

A care plan should be accurate, easily understood, reviewed as part of the annual review and discussed with the patient, their family and/or carers.

If a patient is treated under the care programme approach (CPA), then they should have a documented care plan discussed with their community key worker available. This is acceptable for the purposes of the QOF.

Refer to the original measure documentation for further details.

## **PRIMARY CLINICAL COMPONENT**

Mental health; comprehensive care plan

## **DENOMINATOR DESCRIPTION**

Patients who are on the mental health register of a practice

## **NUMERATOR DESCRIPTION**

Number of patients from the denominator who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Unspecified

## **State of Use of the Measure**

### **STATE OF USE**

Current routine use

### **CURRENT USE**

Internal quality improvement  
National reporting  
Pay-for-performance

## Application of Measure in its Current Use

### **CARE SETTING**

Physician Group Practices/Clinics

### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Group Clinical Practices

### **TARGET POPULATION AGE**

Unspecified

### **TARGET POPULATION GENDER**

Either male or female

### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

## Characteristics of the Primary Clinical Component

### **INCIDENCE/PREVALENCE**

Unspecified

### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

### **BURDEN OF ILLNESS**

Unspecified

### **UTILIZATION**

Unspecified

### **COSTS**

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Living with Illness

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Patients who are on the mental health register of a practice\*

**\*Note:** The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

- A. patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months
- B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g., terminal illness, extreme frailty
- C. patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months, e.g., blood pressure or cholesterol measurements within target levels
- D. patients who are on maximum tolerated doses of medication whose levels remain suboptimal
- E. patients for whom prescribing a medication is not clinically appropriate, e.g., those who have an allergy, another contraindication or have experienced an adverse reaction
- F. where a patient has not tolerated medication
- G. where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records
- H. where the patient has a supervening condition which makes treatment of their condition inappropriate, e.g., cholesterol reduction where the patient has liver disease
- I. where an investigative service or secondary care service is unavailable

Refer to the original measure documentation for further details.

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR INCLUSIONS/EXCLUSIONS

**Inclusions**

Patients who are on the mental health register of a practice

**Exclusions**

See "Description of Case Finding" field for exception reporting.

**RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

**DENOMINATOR (INDEX) EVENT**

Clinical Condition

**DENOMINATOR TIME WINDOW**

Time window is a single point in time

**NUMERATOR INCLUSIONS/EXCLUSIONS****Inclusions**

Number of patients from the denominator who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Episode of care

**DATA SOURCE**

Medical record  
Registry data

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Better quality is associated with a higher score

### ALLOWANCE FOR PATIENT FACTORS

Unspecified

### STANDARD OF COMPARISON

External comparison at a point in time

Internal time comparison

Prescriptive standard

### PRESCRIPTIVE STANDARD

Payment stages: 25-50%

### EVIDENCE FOR PRESCRIPTIVE STANDARD

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

MH 6. The percentage of patients on the register who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate.

### MEASURE COLLECTION

## [Quality and Outcomes Framework Indicators](#)

### **MEASURE SET NAME**

[Mental Health \(MH\)](#)

### **DEVELOPER**

British Medical Association  
National Health Service (NHS) Confederation

### **FUNDING SOURCE(S)**

The expert panel who developed the indicators were funded by the English Department of Health.

### **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

The main indicator development group is based in the National Primary Care Research and Development Centre in the University of Manchester. They are: Professor Helen Lester, NPCRDC, MB, BCH, MD; Dr. Stephen Campbell, NPCRDC, PhD; Dr. Umesh Chauhan, NPCRDC, MB, BS, PhD.

Others involved in the development of individual indicators are: Professor Richard Hobbs, Dr. Richard McManus, Professor Jonathan Mant, Dr. Graham Martin, Professor Richard Baker, Dr. Keri Thomas, Professor Tony Kendrick, Professor Brendan Delaney, Professor Simon De Lusignan, Dr. Jonathan Graffy, Dr. Henry Smithson, Professor Sue Wilson, Professor Claire Goodman, Dr. Terry O'Neill, Dr. Philippa Matthews, Dr. Simon Griffin, Professor Eileen Kaner.

### **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

None for the main indicator development group.

### **ENDORSER**

National Health Service (NHS)

### **ADAPTATION**

Measure was not adapted from another source.

### **RELEASE DATE**

2006 Feb

### **REVISION DATE**

2009 Mar



## MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: British Medical Association (BMA), and NHS Employers. Quality and outcomes framework guidance for GMS contract 2008/09. London (UK): British Medical Association, National Health Service Confederation; 2008 Apr. 148 p.

## SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

## MEASURE AVAILABILITY

The individual measure, "MH 6. The Percentage of Patients on the Register Who Have a Comprehensive Care Plan Documented in the Records Agreed Between Individuals, Their Family and/or Carers as Appropriate," is published in the "Quality and Outcomes Framework Guidance." This document is available from the [British Medical Association Web site](#).

## NQMC STATUS

This NQMC summary was completed by ECRI on May 22, 2006. The information was verified by the measure developer on August 11, 2006. This NQMC summary was updated by ECRI Institute on January 16, 2009. This NQMC summary was updated again by ECRI Institute on October 1, 2009. The information was verified by the measure developer on March 4, 2010.

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Date Modified: 4/19/2010

